Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Democratic Party of Virginia 919 East Main Street ADDRESS (number and street) Suite 2050 (Check if address is changed) Richmond 23219 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS olivia@vademocrats.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) http://vademocrats.org/ (Check if address is changed) DATE 2023 C00155952 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Easter, Abbi, , , [Electronically Filed] 03 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
. TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.	2.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate Preside	State ent District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a CTA	emocratic, publican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	•
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC). In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (h	Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, at least one of which is an authorized committee of a federal candidate.	•
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds to committees/organizations, none of which is an authorized committee of a federal candidate.	for two or more political
Committees Participating in Joint Fundraiser	
1. L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

•	FEC Form 1 (Revised (02/2009)		Page 3
٧	Vrite or Type Committee Name			
	Democratic Pa	rty of Virginia		
6.		rganization, Affiliated Committee, Joint Fundraising Represen	ntative, or Leader	ship PAC Sponsor
	Kaine Action Fund			
	Mailing Address	1751 Potomac Greens Dr.		
		Alexandria	/A 22314	
		CITY ▲ STA	 \TE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Rep	nresentative	Leadership PAC Sponse
	rielationship.	Anniated Organization 50000 1 undraising ries	Jiesemanve	Leadership I AC Sporist
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optional) and position of the	person in posses	sion of committee
	Rappe, Oli	via, , ,		
	ruii Name	O40 F Main Charat		
	Mailing Address	919 E Main Street		
		Suite 2050		
		Richmond	/A 23219	
		CITY ▲ STA	TE ▲	ZIP CODE ▲
	Title or Position ▼	G.1 G.1.		Z.i. 3322 —
	COO		804 _	644 1966
		Telephone number		
	Traceurer: Liet the name an	d address (phone number optional) of the treasurer of the con	nmitton: and the r	name and address of
Ο.	any designated agent (e.g.,		minuce, and the n	iame and address of
	Full Name Easter, Ab	bi, , ,		
	of Treasurer			
	Mailing Address	919 E Main Street		
		Suite 2050		
		Richmond	VA 23219	
	T B	CITY ▲ STA	ATE A	ZIP CODE ▲
	Title or Position ▼			
	Treasurer	Telephone number	804 – [644 - 1966

FEC Form 1 (Revise	od 02/2009)		Page 4
Full Name of Designated Agent			
Mailing Address			
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Title of Position •	1	1	
		Telephone number	
Banks or Other Deposit safety deposit boxes or n	ories: List all banks or other depositories in valuation and an anintains funds.	which the committee deposits fund	ds, holds accounts, rents
Name of Bank, Depositor	y, etc.		
Amal	gamated Bank		
Mailing Address	1825 K Street NW		
	Washington	DC L	20006
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, Depositor	y, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g)	or(h). Joint Fundraisin ç	յ Participant։			
	1		FEC II	O number	C
	2.		FEC II	O number	C
	3		FEC II	O number	C
	4		FEC II	O number	C
6.	Name of Any Connected of Dollars For Democ	Organization, Affiliated Committee, Journal S	oint Fundraising Re	presentative	e, or Leadership PAC Sponsor
	Mailing Address	430 South Capitol Street SE			
		Washington		DC	20003
	Relationship:	CITY ▲		STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	Joint Fundraising	g Representa	ative Leadership PAC Sponsor
8.	Vess, Elis	by name, address (phone number - o	ptional)		
	Full Name	1 919 E Main St			
	Mailing Address	Ste. 2050			
					20040
		Richmond		L ∨A	23219
	TITLE OR POSITION	▼ CITY ▲		STATE ▲	ZIP CODE ▲
			Telephone N	lumber	804 - 644 - 1966
9.	Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.	ies: List all banks or other depositories intains funds.	in which the commi	ittee deposit	s funds, holds accounts, rents
	Mailing Address	1			
	Mailing Address				
					1 , , , , 1-1 , , ,
		CITY A		STATE ▲	ZIP CODE ▲

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	3		
1.		FEC ID numbe	r C
2.		FEC ID numbe	r C
3.		FEC ID numbe	r C
4.		FEC ID numbe	r C
		_	
Name of Any Connected	d Organization, Affiliated Committee, Joint F	undraising Representa	tive, or Leadership PAC Spons
Democratic Gras	sroots Victory Fund		
Mailing Address	430 S Capitol Street SE		
	Washington	DC	
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	ed Organization Affiliated Committee	Joint Fundraising Represe	entative Leadership PAC Spo
			entative Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi			Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – options		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – options	Al)	
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – options	STATE	
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional line) CITY ▲ Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Pesignated Agent: Identification Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional line) CITY ▲ Ories: List all banks or other depositories in w	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional content of the conten	STATE A	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number hich the committee depo	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – optional content of the conten	STATE A Telephone Number hich the committee depo	ZIP CODE A
Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite Safety deposit boxes or make the safety deposit boxes or make the safety depository, etc.	fy by name, address (phone number – options CITY CITY ories: List all banks or other depositories in water address (phone number – options) ories: List all banks or other depositories in water address (phone number – options)	STATE A Telephone Number hich the committee depo	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h	n). Joint Fundraising	Participant:		
	1.		FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
	4.		FEC ID number	C
	ame of Any Connected C Luria Victory Fund	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
L				
L				
	Mailing Address	PO Box 66191		
		Virginia Beach	VA	23466
	Relationship:	CITY A	STATE ▲	ZIP CODE ▲
	Connected	Organization Affiliated Committee X Joint F	undraising Representa	Leadership PAC Sponsor
8. De	Full Name	by name, address (phone number – optional)		
8. De		by name, address (phone number – optional)		
8. De	Full Name	by name, address (phone number – optional)		
8. De	Full Name	CITY A	STATE A	ZIP CODE A
8. De	Full Name	CITY A	STATE A	ZIP CODE A
8. De	Full Name	CITY A	STATE A	
9. Ba saf	Full Name Mailing Address TITLE OR POSITION To the position of the property deposit boxes or main time of Bank,	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE A
9. Ba saf	Full Name Mailing Address TITLE OR POSITION To the property deposit boxes or main temperature are of Bank, expository, etc	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE A
9. Ba saf	Full Name Mailing Address TITLE OR POSITION To the position of the property deposit boxes or main time of Bank,	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE A
9. Ba saf	Full Name Mailing Address TITLE OR POSITION To the property deposit boxes or main temperature are of Bank, expository, etc	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE A
9. Ba saf	Full Name Mailing Address TITLE OR POSITION To the property deposit boxes or main temperature are of Bank, expository, etc	CITY CITY Tele es: List all banks or other depositories in which the	phone Number	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisin	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected Biden Victory Fun	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Mailing Address	430 South Capitol Street SE		
	Washington	DC	20003
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connected	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify		t Fundraising Represent	ative Leadership PAC Spo
Connected	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name	d Organization Affiliated Committee	t Fundraising Represent	ative Leadership PAC Spo
Connected Designated Agent: Identify Full Name Mailing Address	Affiliated Committee Join by name, address (phone number – optional)	t Fundraising Represent	Leadership PAC Spo
Connected Designated Agent: Identify Full Name	Affiliated Committee y by name, address (phone number – optional) CITY		
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION	Affiliated Committee Affiliated Committee Affiliated Committee Doing of the property of the	STATE A	ZIP CODE A
Connected Designated Agent: Identify Full Name Mailing Address TITLE OR POSITION Banks or Other Deposito safety deposit boxes or mailing agents. Name of Bank, Depository, etc.	Affiliated Committee Affiliated Committee Affiliated Committee Doing of the property of the	STATE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	3		
1.		FEC ID numbe	or C
2.		FEC ID numbe	er C
3.		FEC ID numbe	er C
4.		FEC ID numbe	er C
·			
Name of Any Connected	d Organization, Affiliated Committee, Joint I	Fundraising Representa	tive, or Leadership PAC Spons
Spanberger Victor	ory Fund 2022		
	044 Barrachasi's Arraca OF		
Mailing Address	611 Pennsylvania Avenue SE		
	Suite 143		
	Washington	DC	
Relationship:	CITY ▲	STATE	▲ ZIP CODE ▲
	ed Organization Affiliated Committee	Joint Fundraising Representation	entative Leadership PAC Spo
			entative Leadership PAC Spo
Designated Agent: Identi			entative Leadership PAC Spo
Designated Agent: Identi			entative Leadership PAC Spo
Designated Agent: Identi			entative Leadership PAC Spo
Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – option		
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option	al)	
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option	al) STATE	
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option CITY ▲ Ories: List all banks or other depositories in v	al) STATE	ZIP CODE A
Pesignated Agent: Identic Full Name Mailing Address TITLE OR POSITION Banks or Other Deposit safety deposit boxes or mailing and mailing	fy by name, address (phone number – option CITY ▲ Ories: List all banks or other depositories in v	al) STATE	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – option CITY CITY ories: List all banks or other depositories in variantains funds.	al) STATE	ZIP CODE A
Pesignated Agent: Identic Full Name	fy by name, address (phone number – option CITY CITY ories: List all banks or other depositories in variantains funds.	al) STATE Telephone Number which the committee depo	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – option CITY CITY ories: List all banks or other depositories in variantains funds.	al) STATE Telephone Number which the committee depo	ZIP CODE A
Pesignated Agent: Identification Full Name	fy by name, address (phone number – option CITY CITY ories: List all banks or other depositories in variantains funds.	al) STATE Telephone Number which the committee depo	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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Kaine Victory Fur	I d 				
Mailing Address	1751 Potomac Greens Dr.				
	Alexandria			VA	22314
Relationship:	CITY A		S-	 ΓΑΤΕ ▲	ZIP CODE ▲
		mittee X Join			
esignated Agent: Identi	y by name, address (phone numb				
	_				
Full Name	_				
Full Name	y by name, address (phone numb	per — optional)			710 0005 A
Full Name	y by name, address (phone numb	per — optional)		TE A	ZIP CODE A

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1		FEC ID number	C
2.			
		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Fur Democratic Parties	ndraising Representative	e, or Leadership PAC Spons
Mailing Address	114 Beauchamp Lane		
	Lafayette	LA L	70506
Relationship:	CITY A	STATE ▲	ZIP CODE ▲ ative Leadership PAC Sp
Connecte	CITY A		
Connecte esignated Agent: Identif	CITY ▲ d Organization Affiliated Committee ✓ Jo		
connected Agent: Identification Full Name	CITY ▲ d Organization Affiliated Committee ✓ Jo		
esignated Agent: Identif	CITY d Organization Affiliated Committee y Jo y by name, address (phone number – optional)	oint Fundraising Representa	Leadership PAC Sp
Connected Agent: Identification Full Name	CITY A d Organization Affiliated Committee y by name, address (phone number – optional)		